

City of Carlsbad Opportunity Grants Program Application

Applications Accepted April 16, 2014 - December 31, 2014 Only

2014!

Complete form and return with proof of residency document to any community center or the swim complex.

You can also mail it to: **Parks and Recreation Department, Opportunity Grants, 799 Pine Avenue, Suite 200, Carlsbad, CA 92008**

Parent/Guardian's Name	Home	Phone	Work	Phone	Cell	Phone
Parent/Guardian's Name	Home	Phone	Work	Phone	Cell	Phone
Street Address			City/Zip		Email	

HUD Guidelines for very low income- MSA 2014 San Diego County

Household Size	Monthly Income	Annual Income
1	\$2,304	\$27,650
2	\$2,633	\$31,600
3	\$2,963	\$35,550
4	\$3,288	\$39,450
5	\$3,554	\$42,650
6	\$3,817	\$45,800
7	\$4,079	\$48,950
8	\$4,342	\$52,100

Household Income: Must include unmarried couples and all working adults.

Sources of Income	Monthly Total	Received by which household member?
A. Gross wages/salary (before taxes/deductions)	\$	
B. Social/Supplemental Security Income	\$	
C. Public Assistance	\$	
D. Alimony	\$	
E. Child Support	\$	
F. Unemployment	\$	
G. Other	\$	
TOTAL MONTHLY INCOME	\$	← Add items A+B+C+D+E+F+G

All information provided on this application will be kept confidential.

I certify that the above information is correct. I will notify the program immediately if there are any changes, including my income, number of household members, place of residence, and phone number. I understand that the Opportunity Grants Program is a privilege and not a right, and that it is subject to the income verification statements submitted by me. I certify that I will submit all copies of applicable documents related to income verification at time of interview, and certify that they are true and accurate copies of the originals. I also understand that if any statements submitted are later determined to be inaccurate, it may immediately terminate my child's privilege to benefit from the program.

I have read the above statement and understand it.

PLEASE NOTE: Both parents/guardians need to sign and date below
Proof of residency must be attached. See brochure for details.

FOR INTERNAL USE

Approved _____ Not-Approved _____
Expiration Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

NOTE: Opportunity Grants are approved based on available funds.

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Members in household:

Name	Relationship	Birth date if under 18 years	Foster child or Ward of Court? Yes/No	Receives Income? Yes/No

Community Development Block Grant (CDBG) Information:

Do you receive Section 8 benefits? ☐ Yes ☐ No

Homeless? ☐ Yes ☐ No

Female head of household? ☐ Yes ☐ No

Disabled/Special Needs? ☐ Yes ☐ No

Race:

White ☐
 Black/African American ☐
 American Indian/Alaskan Native ☐
 American Indian/Alaskan Native and White ☐
 Black/African American and White ☐
 Other/Multi-Racial ☐

Hispanic ☐
 Asian ☐
 Native Hawaiian/Other Pacific Islander ☐
 Asian and White ☐
 American Indian/Alaskan Native and Black ☐